

ADDITIONAL CANNABIS OPERATIONS QUARTERLY TAX REPORT
for the Unincorporated Area of the County

This form is a supplemental form to the Cannabis Operations Quarterly Tax Report and must be submitted along with the main form.

Payer Name: _____

Additional Operation Report*:

Reporting Period: Jan - Mar (Q3) Apr - Jun (Q4) Jul-Sept (Q1) Oct - Dec (Q2) Year: _____

Operation Name: _____

Operation Address: _____ City: _____

Operation Type (*Select One*): Nursery 1% Distributor 1% Manufacturing 3% Cultivation 4% Retail 6% Microbusiness 6%

State License #(s): _____ *Multiple State Licenses; please attach a list of all state license numbers associated with operation*
County License#: _____
Tax Account #: _____

Gross Receipts: _____ Unit of Measure: _____
Tax (% of gross receipts): _____ # of Units Sold/Transferred: _____
Original Delinquency 10%: _____
Second Delinquency 10%: _____
Interest (0.5% monthly): _____
Total Amount Due: _____

*One (1) form per operation

Signature:

Information provided on this tax report is confidential and will only be provided to government agencies for official use or in accordance with the law.

This report is to be signed by the person required to pay the gross receipts tax or by a managing officer or agent, with the legal authority to bind the cannabis operation.

I declare under penalty of perjury that I am authorized to make and file the foregoing statement, and that to the best of my knowledge and belief it is a true, correct and complete statement made in good faith for the period stated.

Printed Name: _____

Title: _____

Signature: _____

Date: _____